Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000286459 3)))



H240002864593ABC7

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274

: (888)706-7274 Fax Number

Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.

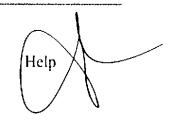
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REGISTERED AGENT CHANGE ALKEME INSURANCE SERVICES, INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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COVER LETTER

FO: Amendment Section Division of Corporations	
ALKEME INSURANCE SERVICES, INC. SUBJECT: Name of Corporation	
DOCUMENT NUMBER: F2400000359	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for fi	ling.
Please return all correspondence concerning this matter to the following:	
Mary Castillo	
Name of Contact Person	
Registered Agent Solutions, Inc.	
irn/Company	_
Corporate Center One, 5301 Southwest Pkwy, Ste 400	98 198
Address	
Austin, Texas 78735	
City/State and Zip Code	AUG 27 A
E-mail address: (to be used for future annual report notification)	2024 AUG 27 AM 10: 42 SEAST ANTASSEE. FL
or further information concerning this matter, please call:	· 🔠 🍾
Mary Castillo	
Name of Contact Person at (888 705-7274 Area Code & Daytime Telep	hone Number
inclosed is a \$35.00 check made payable to the Department of State	

Mailing Address: Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	provisions of sections 607.0502, 6, nge is submitted for a corporation to change its registered office or	organized	under the la	ws of the State of <u></u>	Delaware				
1. The name of t	he corporation: ALKEME INS	URANC	E SERVI	CES, INC.					
	2. The principal office address: 111 CORPORATE DR., #200								
	LADERA RANCH, CA 92694								
3. The mailing a	ddress (if different):								
4. Date of incorp	4. Date of incorporation/qualification: 12/18/2023 Document number: F2400000359								
	street address of the current regist ment of State: (If resigned, enter r		and register	ed office on file wit	h the				
	CORPORATECREA	TIONS	NETW	ORK INC.					
	801 US HIGHWAY 1				202 1				
	NORTH PALM BEACH		FL	33408	2024 AUG 27 SECILÉ JAR TALLAHI				
	Registered Agent Sol	utions,	Inc.		AM 10: 43				
	2894 Remington Gree	en Ln.	Ste. A		一点				
	Tallahassee	P.O. Box NO	Tacceptable 3230	Ω					
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.									
authorized by th	e board, or the corporation has be	een notifie	d in writing	of the change.	incer so				
Isl Anton R	osandic e of an officer or director	A <u>n</u>	ton Rosa	ndic	President				
I hereby accept a I further agree to of my duties, and document is bein	the appointment as registered ago o comply with the provisions of a l I am familiar with and accept the original property to reflect a chang been notified in writing of this cl	ll statutes he obligati e in the res	ree to act in	this capacity.					
Ma	الك روم	0	8/27/202	4					
Sign	ature of Registered Agent	_		Date					
If signing on bel	nalf of an entity:								
Mackenzie Hible	r, Assistant Secretary								
Ty	ped or Printed Name * * * FILIN	(G FEE: S	635.00 * * *						

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)